

CMS failed to achieve its reduction goal by the end of 2012. CMS's first progress report was issued in September 2013. The report, based on data compiled through the first quarter of 2013, revealed that substantial antipsychotic reduction had been made as evidenced by a nation-wide use of about 21.7%. Thus, nation-wide AP use had only dropped by about 9%. However, it was also announced at that time that eleven states had attained a 15% reduction, and one of those states was Kentucky! At that time, Kentucky's average AP use had dropped down to 21.9%, but remained just slightly above the national average of 21.7%.

CMS's most recent progress report, based on data accumulated through the third quarter of year 2013, was released in March 2014. The report revealed continued reduction in AP usage, as the overall national average had dropped to 20.8% while Kentucky's average use had further dropped to 21.7%- still slightly above the national average. That data reflected a nation-wide AP reduction of 13.1%. Overall, Kentucky had reduced the use of APs in its nursing homes by 16.2%!

The reported data revealed that many nursing facilities in the State of Kentucky have accomplished much in their efforts to reduce their use of APs. However, the CMS Initiative to reduce AP use has yet to be met and is ongoing. There is still much to be done. Although great things have occurred here in Kentucky, facilities and surveyors must not become complacent over this success. We must ensure that all regulatory guidelines pertaining to antipsychotic use continue to be addressed. For example:

- Always assess for underlying causes of dementia-related behaviors prior to medicating.
- Optimize the use of non-pharmacological approaches prior to or in addition to using medications.
- Inform residents/families/representatives (to the extent possible) of the benefits/risks of all interventions to be used for the management of dementia- involve them in the care decision process.
- Ensure that any medication used to manage dementia-related symptoms is clinically indicated.
- Identify dementia-related target behaviors that are both appropriate and specific, and are measurable.
- If resorting to medications, monitor for effectiveness, emergence of adverse medication consequences, and the continued need for the medication.
- When resorting to medications for managing dementia, attempt gradual dose reductions (GDRs), unless clinically contraindicated.
- Provide individualized, person-centered care to all residents with dementia.

Together, we must ensure that all nursing home residents receive the highest quality of care and are protected from the risks associated with unnecessary medications.